EXHIBIT 300   **CAPITAL ASSET PLAN AND BUSINESS CASE SUMMARY**

Exhibit 300: Capital Asset Plan and Business Case Summary
Part I: Summary Information And Justification (All Capital Assets)

Section A: Overview (All Capital Assets)

1. **Date of Submission:** 2010-03-09 16:12:51

2. **Agency:** 007

3. **Bureau:** 97

4. **Name of this Investment:** THEATER MEDICAL INFORMATION PROGRAM-Joint

5. **Unique Project (Investment) Identifier:** 007-97-05-17-01-1913-00

6. **What kind of investment will this be in FY 2011?:** Mixed Life Cycle
   - Planning
   - Full Acquisition
   - Operations and Maintenance
   - Mixed Life Cycle
   - Multi-Agency Collaboration

7. **What was the first budget year this investment was submitted to OMB?** *

8. **Provide a brief summary and justification for this investment, including a brief description of how this closes in part or in whole an identified agency performance gap; this description may include links to relevant information which should include relevant GAO reports, and links to relevant findings of independent audits.**

 The Theater Medical Information Program - Joint (TMIP-J) integrates components of the Military Health System sustaining base systems and the Services´ medical information systems to ensure timely interoperable medical support for mobilization, deployment and sustainment of all Theater and deployed forces in support of any mission. TMIP-J enhances the clinical care and information capture at all levels of care in Theater, transmits critical information to the Theater Commander, the evacuation chain for combat and non-combat casualties, and forges the theater links of the longitudinal health record to the sustaining base and the Department of Veterans Affairs. TMIP-J is the medical component of the Global Combat Support System. TMIP-J provides information at the point of care and to the Theater tactical and strategic decision makers through efficient, reliable data capture, and data transmission to a centralized Theater database. This delivers TMIP-J´s four pillars of information support through the electronic health record, integrated medical logistics, patient movement and tracking, and medical command and control through data aggregation, reporting and analysis tools for trend analysis and situational awareness. TMIP-J fulfills the premise of "Train as you fight" through the integration of its family of systems which are identical or analogous to systems from the sustaining base. TMIP-J adapts and integrates these systems to specific Theater requirements and assures their availability in the no- and low- communications settings of the deployed environment through store and forward capture and transmission technology.

   a. **Provide here the date of any approved rebaselining within the past year, the date for the most recent (or planned)alternatives analysis for this investment, and whether this investment has a risk management plan and risk register.**

9. **Did the Agency's Executive/Investment Committee approve this request?** *
   a. **If "yes," what was the date of this approval?** *

10. **Contact information of Program/Project Manager?**
    - **Name:** *
    - **Phone Number:** *

EXHIBIT 300   **CAPITAL ASSET PLAN AND BUSINESS CASE SUMMARY**

- **Email:** *

11. What project management qualifications does the Project Manager have? (per FAC-P/PM)? *

- Project manager has been validated according to FAC-PMPM or DAWIA criteria as qualified for this investment.
- Project manager qualifications according to FAC-P/PM or DAWIA criteria is under review for this investment.
- Project manager assigned to investment, but does not meet requirements according to FAC-P/OM or DAWIA criteria.
- Project manager assigned but qualification status review has not yet started.
- No project manager has yet been assigned to this investment.

12. If this investment is a financial management system, then please fill out the following as reported in the most recent financial systems inventory (FMSI):

Financial management system name(s)	System acronym	Unique Project Identifier (UPI) number
*	*	*

a. **If this investment is a financial management system AND the investment is part of the core financial system then select the primary FFMIA compliance area that this investment addresses (choose only one):** *

- computer system security requirement;
- internal control system requirement;
- core financial system requirement according to FSIO standards;
- Federal accounting standard;
- U.S. Government Standard General Ledger at the Transaction Level;
- this is a core financial system, but does not address a FFMIA compliance area;
- Not a core financial system; does not need to comply with FFMIA

EXHIBIT 300   **CAPITAL ASSET PLAN AND BUSINESS CASE SUMMARY**

Section B: Summary of Funding (Budget Authority for Capital Assets)

1.

Table 1: SUMMARY OF FUNDING FOR PROJECT PHASES (REPORTED IN MILLIONS) (Estimates for BY+1 and beyond are for planning purposes only and do not represent budget decisions)								
	PY1 and earlier	**PY 2009**	**CY 2010**	**BY 2011**	**BY+1 2012**	**BY+2 2013**	**BY+3 2014**	**BY+4 and beyond**	**Total**
Planning:	*	*	*	*	*	*	*	*	*
Acquisition:	*	*	*	*	*	*	*	*	*
Subtotal Planning & Acquisition:	*	*	*	*	*	*	*	*	*
Operations & Maintenance:	*	*	*	*	*	*	*	*	*
Disposition Costs (optional):	*	*	*	*	*	*	*	*	*
SUBTOTAL:	*	*	*	*	*	*	*	*	*
Government FTE Costs should not be included in the amounts provided above.								
Government FTE Costs	*	*	*	*	*	*	*	*	*
Number of FTE represented by Costs:	*	*	*	*	*	*	*	*	*
TOTAL(including FTE costs)	*	*	*	*	*	*	*	*	*

2. If the summary of funding has changed from the FY 2010 President's Budget request, briefly explain those changes:
*

Section C: Acquisition/Contract Strategy (All Capital Assets)

1.

Table 1: Contracts/Task Orders Table											
Contract or Task Order Number	Type of Contract/Task Order (In accordance with FAR Part 16)	Has the contract been awarded (Y/N)	If so what is the date of the award? If not, what is the planned award date?	Start date of Contract/Task Order	End date of Contract/Task Order	Total Value of Contract/Task Order (M)	Is this an Interagency Acquisition? (Y/N)	Is it performance based? (Y/N)	Competitively awarded? (Y/N)	What, if any, alternative financing option is being used? (ESPC, UESC, EUL, N/A)	Is EVM in the contract? (Y/N)
W74V8H-04-D-0024, Task Order 0013: AHLTA Theater Sustainment	CPFF	Y	2009-10-01	2009-10-01	2012-11-30	$10.5	*	*	*	*	*
W81XWH-08-D-0036, Task Order 0009 DHIMS DT&E	FFP	Y	2009-02-01	2009-02-01	2011-02-28	$7.1	*	*	*	*	*
W74V8H-04-D-0018, Task Order 0023: AHLTA Th 4.0 Sigma Transition Out	CPFF	Y	2008-09-01	2008-09-01	2010-01-31	$13.5	*	*	*	*	*
GS-10F-0037K/W81XWH-07-F-0277 MSAT PM & Eng Suppt	T&M	Y	2007-06-21	2007-06-21	2010-06-20	$4.2	*	*	*	*	*
W81XWH-08-D-0036, Task Order 0004 DT&E Evaluation	FFP	Y	2008-09-29	2008-09-29	2009-12-28	$1.0	*	*	*	*	*
W81XWH-08-D-0031/0007 PM & Eng Spt Blood & Radiographic Imaging	FFP	Y	2009-10-01	2009-10-01	2012-11-30	$18.2	*	*	*	*	*
W74V8H-04-D-020/0002 DTRS MedWeb	FFP	Y	2008-09-29	2008-09-29	2010-12-29	$9.1	*	*	*	*	*
GS-35F-0234K/W81XH08 F-0997 JMEWS/TMDS Consolidation	T&M	Y	2008-09-30	2008-09-30	2010-09-29	$19.0	*	*	*	*	*
GS-35F-0234K/ W81XWH07F-0394 MSAT/ACTD	T&M	Y	2007-08-20	2007-08-20	2010-08-19	$8.2	*	*	*	*	*
W74V8H-04-D-0036, Task Order 0016: Integration & Sustainment	CPFF	Y	2007-10-01	2007-10-01	2010-09-30	$35.7	*	*	*	*	*
GS-35F-0234K/W81XWH-06-F-0377 JMAT	T&M	Y	2006-09-25	2006-09-25	2010-09-24	$9.8	*	*	*	*	*
W74V8H-04-D-0036, Task Order 0028 CHCS TC2 GUI	CPFF	Y	2008-12-08	2008-12-08	2010-12-07	$7.4	*	*	*	*	*
W74V8H-04-D0036/0022 CHCS CACHE TC2	CPFF	Y	2007-10-01	2007-10-01	2010-09-30	$2.5	*	*	*	*	*

2. If earned value is not required or will not be a contract requirement for any of the contracts or task orders above, explain why:
*

3. Is there an acquisition plan which reflects the requirements of FAR Subpart 7.1 and has been approved in accordance with agency requirements? *
    a.**If "yes," what is the date?** *

EXHIBIT 300   **CAPITAL ASSET PLAN AND BUSINESS CASE SUMMARY**

EXHIBIT 300   **CAPITAL ASSET PLAN AND BUSINESS CASE SUMMARY**

Section D: Performance Information (All Capital Assets)

Table 1: Performance Information Table							
Fiscal Year	Strategic Goal(s) Supported	Measurement Area	Measurement Grouping	Measurement Indicator	Baseline	Target	Actual Results
2009	Fighting the Long War	*	*	Percentage of automated theater medical unit status data available to provide a view of overall medical capability of the assigned medical units in accordance with Annex Q of the Operations Plan (OPLAN) for theater command.	Zero % of automated medical unit status data was electronically available to provide a leadership view of overall medical capability prior to deployment of Theater Medical Information Program (TMIP-J).	Maintain 100% of medical unit status data tracked in TMIP-J that will be available for theater command to forecast and plan for Military action.	As of 30 Sept 09, 100% of automated theater medical unit status data tracked in TMIP-J has been available to provide a view of overall medical capability.
2009	Fighting the Long War	*	*	Percentage of patient records accessible in TMDS via Bi-directional Health Information Exchange -Theater (BHIE-T) for Service members injured as a result of Operation Enduring Freedom and Operation Iraqi Freedom and receiving VA care.	Zero %. Prior to TMIP-J data transfer applications.	100% of patient records will be accessible in TMDS via BHIE-T for Service members injured as a result of Operation Enduring Freedom and Operation Iraqi Freedom and receiving VA care.	As of 30 Sept 09, 100% of patient records were accessible.
2009	Fighting the Long War	*	*	Percentage of medical encounters captured in the Theater Medical Data Store (TMDS) that are available for medical surveillance (Command and Control (C2))	Zero % of medical unit status data was electronically available to provide a leadership view of overall medical capability prior to deployment of TMIP-J.	100% of medical encounters captured in TMDS will be available for medical surveillance use.	As of 30 Sept 09, 100% of medical encounters that were captured in the Theater Medical Data Store (TMDS) were copied to Joint Medical Workstation (JMeWS) where they were available for medical surveillance purposes.
2009	Fighting the Long War	*	*	Percentage of theater inpatient medical data available for healthcare analysis in TMDS.	Zero %. Prior to TMIP-J data transfer applications.	100% of theater inpatient medical encounters captured in TMDS will be available for healthcare	As of 30 Sept 09, 100% of theater inpatient medical encounters captured in the TMDS were available for

EXHIBIT 300   **CAPITAL ASSET PLAN AND BUSINESS CASE SUMMARY**

Table 1: Performance Information Table							
Fiscal Year	Strategic Goal(s) Supported	Measurement Area	Measurement Grouping	Measurement Indicator	Baseline	Target	Actual Results
						analysis.	healthcare analysis.
2010	Fighting the Long War	*	*	Percentage of outpatient theater encounters in the Theater Medical Data Store (TMDS) that are also appropriately available in the Clinical Data Repository (CDR). (The CDR is currently viewed as the repository for the longitudinal health record).	Zero % prior to TMIP data transfer applications and ability of CDR to accept data from TMDS.	70% of the outpatient theater encounters in TMDS will be available in the CDR	As of 30 Nov 09, 100% of the outpatient theater encounters in TMDS are available in the CDR
2010	Fighting the Long War	*	*	Percentage of patient records accessible in TMDS via BHIE-T for Service members injured as a result of Operation Enduring Freedom and Operation Iraqi Freedom and receiving VA care.	Zero %. Prior to TMIP-J data transfer applications.	100% of patient records will be accessible in TMDS via BHIE-T for Service members injured as a result of Operation Enduring Freedom and Operation Iraqi Freedom and receiving VA care.	As of 30 Nov 09, sharable data for 100% of patients in TMDS is available in BHIE-T
2010	Fighting the Long War	*	*	Percentage of inpatient theater encounters in the Theater Medical Data Store (TMDS), which are available in the Clinical Data Repository (CDR). (The CDR is currently viewed as the repository for the longitudinal health record).	0% prior to TMIP data transfer applications and ability of CDR to accept inpatient encounter data.	40% of the inpatient theater encounters in TMDS are available in the CDR.	As of 30 Nov 09, 0% of the inpatient theater encounters in TMDS are available in the CDR but it is expected that this target will be met in FY10
2010	Fighting the Long War	*	*	Percentage of duplicate theater patient records in the Theater Medical Data Store (TMDS). (Note: The target for this measure will decrease over time due to the nature of the indicator).	40% based on DHIMS briefing presented to the Theater Functional Working Group in April 2009.	Less than 25% of theater patient records in TMDS are duplicates.	As of 30 Nov 09, it is estimated that approximately 15 – 18% of records in TMDS are duplicates
2011	Fighting the	*	*	Percentage of	Zero % prior to	90% of the	To Be

				Table 1: Performance Information Table			
Fiscal Year	**Strategic Goal(s) Supported**	**Measurement Area**	**Measurement Grouping**	**Measurement Indicator**	**Baseline**	**Target**	**Actual Results**
	Long War			outpatient theater encounters in the Theater Medical Data Store (TMDS) that are also appropriately available in the Clinical Data Repository (CDR). (The CDR is currently viewed as the repository for the longitudinal health record).	TMIP data transfer applications and ability of CDR to accept data from TMDS.	outpatient theater encounters in TMDS will be available in the CDR	Determined
2011	Fighting the Long War	*	*	Percentage of patient records accessible in TMDS via BHIE-T for Service members injured as a result of Operation Enduring Freedom and Operation Iraqi Freedom and receiving VA care.	Zero %. Prior to TMIP-J data transfer applications.	100% of patient records will be accessible in TMDS via BHIE-T for Service members injured as a result of Operation Enduring Freedom and Operation Iraqi Freedom and receiving VA care.	To Be Determined
2011	Fighting the Long War	*	*	Percentage of inpatient theater encounters in the Theater Medical Data Store (TMDS), which are available in the Clinical Data Repository (CDR). (The CDR is currently viewed as the repository for the longitudinal health record).	0% prior to TMIP data transfer applications and ability of CDR to accept inpatient encounter data.	75% of the inpatient theater encounters in TMDS are available in the CDR.	To Be Determined
2011	Fighting the Long War	*	*	Percentage of duplicate theater patient records in the Theater Medical Data Store (TMDS). (Note: The target for this measure will decrease over time due to the nature of the indicator).	40% based on DHIMS briefing presented to the Theater Functional Working Group in April 2009.	Less than 10% of theater patient records in TMDS are duplicates.	To Be Determined
2012	Fighting the Long War	*	*	Percentage of outpatient theater encounters in	Zero % prior to TMIP data transfer applications and	90% of the outpatient theater encounters in	To Be Determined

EXHIBIT 300   **CAPITAL ASSET PLAN AND BUSINESS CASE SUMMARY**

Table 1: Performance Information Table							
Fiscal Year	**Strategic Goal(s) Supported**	**Measurement Area**	**Measurement Grouping**	**Measurement Indicator**	**Baseline**	**Target**	**Actual Results**
				the Theater Medical Data Store (TMDS) that are also appropriately available in the Clinical Data Repository (CDR). (The CDR is currently viewed as the repository for the longitudinal health record).	ability of CDR to accept data from TMDS.	TMDS will be available in the CDR	
2012	Fighting the Long War	*	*	Percentage of patient records accessible in TMDS via BHIE-T for Service members injured as a result of Operation Enduring Freedom and Operation Iraqi Freedom and receiving VA care.	Zero %. Prior to TMIP-J data transfer applications.	100% of patient records will be accessible in TMDS via BHIE-T for Service members injured as a result of Operation Enduring Freedom and Operation Iraqi Freedom and receiving VA care.	To Be Determined
2012	Fighting the Long War	*	*	Percentage of inpatient theater encounters in the Theater Medical Data Store (TMDS), which are available in the Clinical Data Repository (CDR). (The CDR is currently viewed as the repository for the longitudinal health record).	0% prior to TMIP data transfer applications and ability of CDR to accept inpatient encounter data.	75% of the inpatient theater encounters in TMDS are available in the CDR.	To Be Determined
2012	Fighting the Long War	*	*	Percentage of duplicate theater patient records in the Theater Medical Data Store (TMDS). (Note: The target for this measure will decrease over time due to the nature of the indicator).	40% based on DHIMS briefing presented to the Theater Functional Working Group in April 2009.	Less than 10% of theater patient records in TMDS are duplicates.	To Be Determined
2013	Fighting the Long War	*	*	Percentage of outpatient theater encounters in the Theater Medical Data	Zero % prior to TMIP data transfer applications and ability of CDR to accept data	100% of the outpatient theater encounters in TMDS will be available in the	To Be Determined

Table 1: Performance Information Table							
Fiscal Year	Strategic Goal(s) Supported	Measurement Area	Measurement Grouping	Measurement Indicator	Baseline	Target	Actual Results
				Store (TMDS) that are also appropriately available in the Clinical Data Repository (CDR). (The CDR is currently viewed as the repository for the longitudinal health record).	from TMDS.	CDR	
2013	Fighting the Long War	*	*	Percentage of patient records accessible in TMDS via BHIE-T for Service members injured as a result of Operation Enduring Freedom and Operation Iraqi Freedom and receiving VA care.	Zero %. Prior to TMIP-J data transfer applications.	100% of patient records will be accessible in TMDS via BHIE-T for Service members injured as a result of Operation Enduring Freedom and Operation Iraqi Freedom and receiving VA care.	To Be Determined
2013	Fighting the Long War	*	*	Percentage of inpatient theater encounters in the Theater Medical Data Store (TMDS) which are available in the Clinical Data Repository (CDR). (The CDR is currently viewed as the repository for the longitudinal health record).	0% prior to TMIP data transfer applications and ability of CDR to accept inpatient encounter data.	100% of the inpatient theater encounters in TMDS are available in the CDR.	To Be Determined
2013	Fighting the Long War	*	*	Percentage of duplicate theater patient records in the Theater Medical Data Store (TMDS). (Note: The target for this measure will decrease over time due to the nature of the indicator).	40% based on DHIMS briefing presented to the Theater Functional Working Group in April 2009.	Less than 3% of theater patient records in TMDS are duplicates.	To Be Determined

EXHIBIT 300   **CAPITAL ASSET PLAN AND BUSINESS CASE SUMMARY**

Part II: Planning, Acquisition And Performance Information

Section A: Cost and Schedule Performance (All Capital Assets)

1. Comparison of Actual Work Completed and Actual Costs to Current Approved Baseline								
Description of Milestones	Planned Cost ($M)	Actual Cost ($M)	Planned Start Date	Actual Start Date	Planned Completion Date	Actual Completion Date	Planned Percent Complete	Actual Percent Complete
Block 1 IOC provides a First Responder Application, electronic field medical card, in/out patient treatment documentation, Command and Control Medical Surveillance Classified/SIPR, Individual Theater Medical Encounters Unclassified/NIPR	$130.7	$130.7	2002-10-01	2002-10-01	2006-01-31	2006-01-31	100.00%	100.00%
Block 2 Release 1 includes limited enhanced business practices for administratively managing patients. As well as Drug-Allergy/Interaction, Level II Limited Inpatient Documentation, Read Only Access to Clinical Data Repository via AHLTA	$100.4	$100.4	2004-04-01	2004-04-01	2009-01-30	2009-01-30	100.00%	100.00%
Block 2 Release 2 will converge AHLTA; transfer encounters via removable media; Upgrades to Defense Medical Logistics Standard Support; and Patient Movement Items	$175.9	$129.7	2007-01-01	2007-01-01	2011-03-31		70.00%	70.00%

1. Comparison of Actual Work Completed and Actual Costs to Current Approved Baseline								
Description of Milestones	Planned Cost ($M)	Actual Cost ($M)	Planned Start Date	Actual Start Date	Planned Completion Date	Actual Completion Date	Planned Percent Complete	Actual Percent Complete
Tracking System (Dates changed due to ongoing re-baseline)								
Block 2 Release 3 will provide the capability to monitor medical readiness for individuals and for groups of individuals (units) within the theater. (Dates changed due to ongoing re-baseline)	*	*	2010-10-01		2011-09-30		0.00%	0.00%
Block 2 Release 4 provides the ability to record and report Food poisoning and Tuberculosis; generate casualty notification data/reports and medical, dental and veterinary care documentation in theater	*	*	2010-10-01		2012-09-30		0.00%	0.00%
Block 2 Release 5 provides the capability to access timely dental data; dental digital radiology; and capability to associate dental digital images and results reports with health care encounters during which they were ordered.	*	*	2011-10-01		2013-03-31		0.00%	0.00%
Block 2 Release 6 will transfer all medical data gathered in theater to	*	*	2010-10-01		2014-03-31		0.00%	0.00%

	1. Comparison of Actual Work Completed and Actual Costs to Current Approved Baseline							
Description of Milestones	**Planned Cost ($M)**	**Actual Cost ($M)**	**Planned Start Date**	**Actual Start Date**	**Planned Completion Date**	**Actual Completion Date**	**Planned Percent Complete**	**Actual Percent Complete**
records and record keeping systems in sustaining base. Includes in/outpatient and								

* - Indicates data is redacted.